SAFETY FIRST

a REALITY-BASED APPROACH to TEENS, DRUGS, and DRUG EDUCATION

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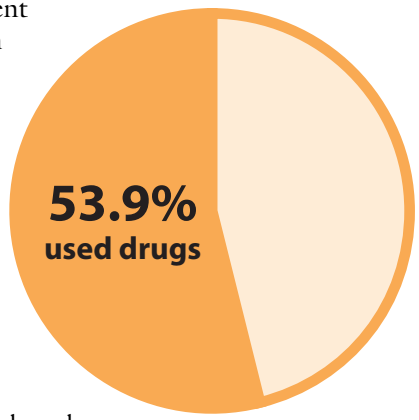
STRATEGIES FOR PREVENTION

FOREWORD

Like many parents, when my children entered adolescence, I wished "the drug thing" would magically disappear and my children would simply abstain. But as a drug abuse expert whose research was funded by the National Institute on Drug Abuse, and as a parent in the 90s, I knew this wish to be a fantasy. Despite expected federal expenditures of more than $2.2 billion on drug use prevention in 2002[1] and five to seven times that at the state and local levels, government surveys indicate that most teenagers experiment with drugs before they graduate from high school.



According to the most recent *Monitoring the Future* survey, 53.9% of high school seniors experimented with illegal drugs at some point in their lifetime; 41.4% used a drug during the past year; and 25.7% used drugs in the past month.[2]

Most youthful drug use is experimental, and fortunately, the vast majority of young people get through adolescence unscathed. Still, I worry about those whose experimentation gets out of hand, who fall into abusive patterns with drugs and put themselves and others in harm's way.

Today's adolescents have been exposed, since elementary school, to the most intensive and expensive anti-drug campaign in history. Haven't they been told, again and again, to "just say no" by school-based programs such as Drug Abuse Resistance Education (DARE)? Why aren't they listening? What, if anything, can we do about it? How might we, as parents and teachers, be educating our teenagers more effectively? Is there anything we can do to better ensure their safety?

As a parent, I urgently wanted to know the answers to these questions, so I consulted with experts—including teachers, parents and young people, themselves. I also looked at drug education, its history, curricula and existing evaluations. The result was the 1999 edition of *Safety First: A Reality-Based Approach to Teens, Drugs, and Drug Education*.

harm reduction:

diminishing individual and social risks associated with potentially dangerous behaviors.

I did not set out to criticize particular programs. On the contrary, I wanted to understand what might be missing from their content, and how we might accomplish the prevention of drug problems more productively. I hoped to help other parents, as well as teachers and school administrators.

Since releasing the first edition in 1999, more than 30,000 copies have been distributed to individuals and educational, health and governmental institutions in all 50 states, Puerto Rico, the District of Columbia and around the world. In addition, I have made dozens of presentations and spoken with hundreds of parents, teachers and students. The feedback received over the past three years shaped this second edition.

DRUG EDUCATION STRATEGIES

Education to prevent drug use has existed in America for over a century. A variety of methods—from scare tactics to resistance techniques—have been used with the intention of encouraging young people to refrain from drug use altogether. Despite the expansion of these abstinence-only programs, it is difficult to know which, if any, are actually successful.

More than half of all high school students in America experiment with illegal drugs, and even more use alcohol. They see for themselves that America is hardly "drug-free." They know there are differences between experimentation, abuse and addiction; and that the use of one drug does not inevitably lead to the use of others. Adolescence is also a time for trying new things and taking risks.

Yet, conventional drug education programs focus predominantly on abstinence-only messages and are shaped by problematic myths:

Myth #1: Experimentation with drugs is not a common part of teenage culture;

Myth #2: Drug use is the same as drug abuse;

Myth #3: Marijuana is the gateway to drugs such as heroin and cocaine; and

Myth #4: Exaggerating risks will deter young people from experimentation.

Teenagers make their own choices about drugs and alcohol, just as we did. Like us, they sometimes make foolish mistakes. However, since we cannot be there to protect them 100 percent of the time, we have to find ways to trust them when they are not under our watch. It is our responsibility as parents and teachers to engage young people in dialogue, listen to them, and provide a sounding board and resources when they need our help.

Abstinence may be what we'd all prefer for our youth, but this simplistic goal may not be attainable. Our current efforts lack harm reduction education for those students who won't "just say no." In order to prevent drug abuse and drug problems among teenagers who do experiment, we need a fallback strategy that puts safety first.

Educational efforts should acknowledge teens' ability to sort through complex issues and make decisions that will ensure their own safety. The programs should offer credible information, differentiate between use and abuse, and stress the importance of moderation and context. Curricula should be age-specific, stress student participation and provide objective, science-based materials.

TODAY'S CURRICULA: ARE THEY EFFECTIVE?

Existing drug education programs vary tremendously in content, as well as in quality and price. A school typically adopts a particular program and then either uses its own faculty or outside "experts" to teach the program's curriculum. Some programs offer video presentations; others stickers, posters and activity books. Some are designed to stand-alone; others to be integrated into health or science curricula. Some educators hand out T-shirts and certificates when students complete the program; others have graduation ceremonies where students are encouraged to take a pledge to remain drug-free.

All programs provide information about the negative consequences of drug use. Most teach resistance or refusal skills. The majority teach students that most people do not use drugs, that abstinence is the societal norm, and that it is socially acceptable not to try drugs.[3]

Increased government funding for "just say no" programs in the 1980s resulted in the development and implementation of many new programs promoting an abstinence-only message. While it is very difficult to know which, if any, are effective in preventing drug use, we do know that a majority of students continue to experiment with drugs and alcohol by the time they reach their senior year of high school. Why is there such a disconnect?

Some researchers argue that it is impossible to know whether drug education programs are effective because the evaluations themselves are too superficial. They tend to measure student attitudes about drugs, rather than drug use itself. Unfortunately, attitudes formed about drugs during childhood or early adolescence seem to have little bearing on later decisions, and high school students may offer reasons they've been taught for avoiding drugs, yet use them anyway.[4] Furthermore, some evaluations tend to overly emphasize positive results, while ignoring those that show no effectiveness.[5]

Perhaps most shocking are the consistently negative evaluations of DARE, America's most popular program. DARE reaches 36 million students annually, in 80 percent of school districts in the U.S. In study after study, DARE failed to prevent or reduce drug use among its graduates.[6] These evaluations have troubled educators and parents so much that cities including Salt Lake City, Minneapolis, Oakland and Boulder, as well as states such as Massachusetts, have abandoned the program, forcing DARE to take a close, hard look at its curriculum.

WHAT DO TEENS THINK?

Rarely, if ever, are students themselves asked to evaluate prevention efforts. Listening to the opinions of young people is an important place to begin. Students are hungry for accurate information, but believe that the programs currently in place are not meeting their needs. Here's what some say:

> *"It's like nobody cares what we think… The DARE cops just wanted us to do what they told us and our teachers never talked about DARE… It seems like a lot of adults and teachers can't bring themselves down to talk to students… so you don't care what they think either."*[7]

> *"It's just a really unrealistic way of teaching kids how to deal with drugs. It shouldn't be 'just say no,' but 'think about it,' or something like that. Like, 'use your brain.'"*[8]

> *"I think they need to make a distinction between drug use and abuse; that people can use drugs and still lead a healthy, productive life. You know, your parents can come home and drink a glass of wine with their dinner. They're not alcoholics."*[9]

> *"I think honesty is the core of drug education and the only thing that's going to help people not use drugs. When they're not being bombarded with propaganda for or against drug use, then it's more likely that kids are going to make more informed decisions."*[10]

WHAT'S WRONG WITH ABSTINENCE-ONLY EDUCATION?

Existing programs seem to send mixed messages; blur the lines between use and abuse; use scare tactics; promote misinformation; and undermine the credibility of parents and teachers who provide this false information. Too often, abstinence-only programs ignore young people's exposure to drug use and fail to engage them in a meaningful way.

To prevent drug abuse among teens who do experiment, we need a fallback strategy that puts safety first.

Mixed Messages

Despite proclamations about the value of being "drug-free," the American people and their children are perpetually bombarded with messages that encourage them to imbibe and medicate with a variety of substances such as alcohol, tobacco, caffeine and over-the-counter and prescription drugs.

The *Journal of the American Medical Association* recently reported that 8 out of 10 adults in the U.S. used at least one medication every week, and half took a prescription drug.[11] Nearly one in two American adults use alcohol regularly; and more than one-third have tried marijuana at some time in their lives — a fact not lost on their children.[12]

Today's teenagers have also witnessed the increasing "Ritalinization" of their fellow difficult-to-manage students.[13] And as they watch prime-time commercials for drugs to manage "Generalized Anxiety Disorder," they see more of their parents turning to anti-depressants to cope.

Teenage drug use seems to mirror modern American drug-taking tendencies.[14] Therefore, some psychologists argue, given the nature of our culture, teenage experimentation with legal and illegal mind-altering substances is not deviant.[15]

Use and Abuse

Adults routinely make distinctions between use and abuse. While growing up, young people rapidly learn the difference, too. Most observe their parents and other adults using alcohol (itself a drug) without abusing it. Many also know that their parents, at some point in their lives, used an illegal drug (usually marijuana) without becoming abusers.

In an effort to prevent teenage experimentation, too often programs pretend there is no difference between use and abuse. Some use the terms interchangeably; others emphasize an exaggerated definition of use that categorizes any use of illegal drugs or anything other than one-time experimentation as abuse.

Programs that blur the distinctions undermine educational efforts because students' own experiences tell them the information presented is not believable.[16] As one 17-year-old girl, an 11th-grader in Fort Worth, Texas, put it, *"They told my little sister that you'd get addicted to marijuana the first time, and it's not like that. You hear that, and then you do it, and you say, 'Ah, they lied to me.'"*[17]

Although there is nothing more frightening than a teenager whose use of alcohol and/or other drugs gets out of hand and becomes a problem, virtually all studies have found that the vast majority of students who try drugs do not become abusers.[18] As parents, we can be more effective in dealing with problem use if we are clear and fair about the distinctions.

Scare Tactics and Misinformation

A common belief among many educators, policy makers and parents is that if teenagers simply believe that drug experimentation is dangerous, they will abstain.[19] As a result, many prevention programs include exaggerated risk and danger messages. Although the old *Reefer Madness*-style messages have been replaced by assertions that we now have scientific evidence of the dangers of drugs,

the evidence, particularly about marijuana, just isn't there. When these studies are critically evaluated, few of the most common assertions hold up.

I first realized the dangers of using scare tactics 25 years ago, while working on my doctoral dissertation about heroin addiction. One of my first interviews was with a "nice Jewish girl," like myself, from an affluent suburb in a large metropolitan area. Genuinely intrigued by the different turns our lives had taken, I asked how she had ended up addicted to heroin and in jail. I will never forget what she told me:

> *"When I was in high school they had these so-called drug education classes. They told us if we used marijuana we would become addicted. They told us if we used heroin we would become addicted. Well, we all tried marijuana and found we did not become addicted. We figured the entire message must be B.S. So I tried heroin, used it again and again, got strung out and here I am."*

Marijuana, the most popular illegal drug among teens, is routinely demonized in abstinence-only messages. Many Web sites, including those managed by the federal government, include misinformation about marijuana's potency, its relationship to cancer, memory, the immune system, personality alteration, addiction and sexual dysfunction.

In *Marijuana Myths, Marijuana Facts: A Review of the Scientific Evidence*, Professor Lynn Zimmer and Dr. John P. Morgan carefully examined the scientific evidence relevant to each of these alleged dangers. They found, in essentially every case, that the claims of marijuana's dangerousness did not hold up.[20] Their findings are not uncommon. Over the years, the same conclusions have been reached by numerous official commissions, including the La Guardia Commission in 1944, the National Commission on Marijuana and Drug Abuse in 1972, the National Academy of Sciences in 1982, and, in 1999, the Institute of Medicine.

A frightening ramification of imparting misinformation is that like the heroin addict I interviewed 25 years ago, teenagers will ignore our warnings completely and put themselves in real danger. The increased purity and availability of "hard" drugs and teenagers' refusal to heed warnings they don't trust, have resulted in increased risk of fatal overdose, such as those we've witnessed among the children of celebrities and in affluent communities.[21]

Another case in point is Ecstasy. Despite a $5 million media campaign to alert young people to its dangers, year after year, government surveys indicate a rise in its use.[22] When I ask teenage users why they have not heeded government warnings, they express deep cynicism. Said one 18-year-old regarding problematic brain changes attributed to Ecstasy, *"Oh yes, they told us about that with marijuana, too. But none of us believes we have holes in our brains, so we just laugh at those messages."*[23]

"For every 100 people who have tried marijuana, only one is a current user of cocaine."
–Zimmer and Morgan

The Gateway Theory

The gateway theory, a mainstay of drug education, suggests that marijuana use leads to the use of harder drugs such as cocaine and heroin.[24] There is no credible research evidence demonstrating that using one drug causes the use of another.

For example, a large survey conducted by the federal government shows that the vast majority of marijuana users do not progress to the use of more dangerous drugs.[25] Based on the National Institute on Drug Abuse *Household Survey*, Zimmer and Morgan calculated that for every 100 people who have tried marijuana, only one is a current user of cocaine.[26] A recent analysis based on the same survey and published in the prestigious *American Journal of Public Health* and a report issued by the Institute of Medicine, also refuted the gateway theory.[27]

Teenagers know from their own experience and observation that marijuana use does not inevitably, or even usually, lead to the use of harder drugs. In fact, the majority of teens who try marijuana do not even use marijuana itself on a regular basis.[28] Therefore, when such information is presented, students discount both the message and the messenger.

The consistent mischaracterization of marijuana may be the Achilles heel of current approaches to prevention, because such misinformation is inconsistent with students' own observations and experience. As a result, teenagers lose confidence in what we, as parents and teachers, tell them. In turn, they are less likely to consider us credible sources of information.

Nowhere to Turn

Most mandated drug education programs are aimed solely at preventing all drug use. After instructions to abstain, the lessons end. There is no information on how to avoid problems or prevent abuse among those who do experiment. Abstinence is seen as the sole measure of success and the only acceptable teaching option.

While the abstinence-only mandate is well meaning, it is clear that this approach is failing. It is unrealistic to believe that teenagers, at a time in their lives when they are most prone to risk-taking, will completely avoid experimentation with alcohol and other drugs.[29] The mandate leaves teachers and parents with nothing to say to the 50 percent of students who say "maybe" or "sometimes" or "yes" to drug use — the very teens we most need to reach.[30]

Increases in Ecstasy use highlight the need for honest drug education and for providing a place to go for information. While there is troubling preliminary research on possible changes in brain chemistry, federally-funded researchers also know that the context of Ecstasy use (high doses, over-exertion, over-heating and mixing drugs) is responsible for the vast majority of adverse reactions. While claims of brain damage dominate the government's message to young people, no mention is made of how persistent users might avoid short-term problems (drinking water, cooling off, avoiding other drugs and practicing moderation). It's "just say no" or nothing at all.[31]

SAFETY FIRST: A REALITY-BASED APPROACH

We know that despite our admonitions and advice to abstain, a majority of teenagers will experiment with drugs. Some will use drugs more regularly. This does not mean that they are bad kids or that we are negligent parents. The reality is that drug use is part of teenage culture in America today. In all likelihood, young people will pass through this phase unharmed.

Keeping teenagers free from harm during this time should be our goal. To do this, our challenge is to figure out how to best ensure their safety. To protect youth, a reality-based approach

- Provides drug education for life;
- Enables teenagers to make responsible decisions by providing honest, science-based information;
- Distinguishes between the use and abuse of mind-altering substances;
- Emphasizes the legal consequences of drug use; and
- Puts safety first.

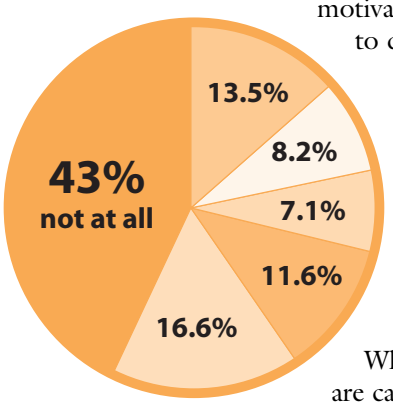
Drug Education for Life

A range of both legal and illegal substances is available and used by Americans every day. Each of us has to make decisions about prescription drugs, over-the-counter medications, alcohol, tobacco, caffeine and the like. How much is enough? How much is too much? How does one drug combine with another?

Rather than a stand-alone course designed solely to prevent teenagers from using illegal drugs, real education would be comprehensive and ongoing. Such quality drug education will prepare young people for what lies ahead, throughout their lives.

Honest, Science-Based Education

Although their decision-making skills are not perfect, teenagers are learning responsibility, and few young people are interested in destroying their lives or their health. In fact, studies conducted to discover why students quit using drugs found that concerns about health and their own negative experiences with them motivated their decisions. Their choices had little to do with formal drug-education programs.[32]



Q: How much was your decision to use or not use tobacco, alcohol or other drugs due to the classes and activities in your school?

A: Not at all-43%, A little-16.6%, Somewhat-11.6%, A lot-7.1%, Completely-8.2%, Don't know-13.5%."[33]

While teens are still growing intellectually, they are capable of rational thinking.[34] The majority of teenagers actually do make careful decisions about drug use. According to the 2000 *Household Survey*, although experimentation is widespread, 92 percent of 12-17-year-olds refrained from regular use.[35] Effective drug education programs should be based on sound science and acknowledge teenagers' ability to understand, analyze and evaluate their options.

Distinguish Between Use and Abuse

The majority of drug use (with the possible exception of nicotine) does not lead to addiction or abuse. Instead, 80-90 percent of users control their use of psychoactive substances.[36]

Context is crucial. Students who use alcohol, marijuana or other drugs need to understand there is a huge difference between use and abuse, between occasional and daily use. If they persist, students need to know that they can and must control their use by practicing moderation and limiting use. For example, it is never appropriate to use intoxicants at school, at work, while participating in sports or while driving.

Legal Consequences

All drugs, including alcohol and tobacco, are illegal for teenagers. Young people need to understand the consequences of violating laws against the use, possession and sale of drugs. With increasing methods of detection, such as school drug testing and escalating zero-tolerance efforts, illegality is a risk in and of itself, extending well beyond the physical effects of drug use. There are real, lasting consequences of using drugs and being caught, including expulsion from school, a criminal record and lasting stigma. The Higher Education Act, now being challenged by many student groups, denies college loans for students convicted of any drug offense.

Young people need to know that if they are caught in possession of drugs, they will find themselves at the mercy of the criminal justice system. Half a million Americans are behind bars today for violating drug laws. As soon as teenagers turn 18, they can be prosecuted as adults, and run the risk of serving long mandatory sentences, even for what they see as a minor offense. In Illinois, for example, an individual caught with 15 Ecstasy pills will serve a minimum of four years in state prison.

Putting Safety First

We must not write off teens who use alcohol and other drugs. While stressing the value of abstinence, we should have a fallback strategy that provides young people with credible information and resources so they do the least possible harm to themselves and those around them.

Instead of banning automobiles, which kill far more teenagers than drugs do, we enforce traffic laws, prohibit driving while intoxicated and insist that drivers wear seat belts. When attention was drawn to the increased numbers of teenagers dying in drunk-driving accidents, responsible-drinking programs promoted the concept of "designated drivers," which is credited with saving thousands of lives.

We must deal with drugs as we deal with other potentially harmful activities, like driving and sex.

Sexuality education shifted away from abstinence-only messages in the mid-1980s when we learned that the use of condoms could prevent the spread of HIV and other sexually-transmitted diseases. At that time, parents, teachers and policy makers made the choice to put safety first. Safe sex and reality-based sexuality education was introduced into curricula throughout the country. This approach, according to the CDC, has resulted not just in increased use of condoms among those who were sexually active, but also in decreasing the overall rates of sexual activity among teenagers.[37]

These comprehensive prevention strategies provide strong models for restructuring our drug education efforts.

MAKING SAFETY FIRST DRUG EDUCATION WORK

As teachers, parents and role models for young people, we have a responsibility to fill the gaps left by today's incomplete school-based drug education. Here are some suggestions on how we can make a difference.

Put Drug Education into Education

The subject of drugs can be integrated into a variety of high school courses and curricula, including physiology and biology (how drugs affect the body), psychology (how drugs affect the mind), chemistry (what's contained in drugs), history and civics (how drugs have been handled by the government), and social studies (who uses which drugs, and why).

Course textbooks should be revised, updated and expanded. School boards should rethink their approach: replacing or enhancing stand-alone prevention programs with modules devoted to the study of drugs in physical science and social studies classes.

Ideally, students will be included in the development of new drug education programs, and classes will have more interaction and less lecturing. Through experience, family and peer exposure, and the media, teenagers often know more than we think they do. If we want drug education to be credible, formal curricula should incorporate the observations and experiences of young people, themselves.[38]

After School Programs

Not surprisingly, most teenage drug use occurs between 3 p.m. and 6 p.m. Structured activities for youth during these hours can be an important step toward true prevention.

A voluntary, after-school drop-in program for middle and high school students who want to talk freely, openly and anonymously about drugs could also be a valuable resource. A drug and alcohol expert can be available for one to three hours in the same room each week. The room should be comfortable, quiet and equipped with a computer with Internet access, since a primary function of such a program is to help students research their own questions.

If a student's drug use becomes a problem, the after-school drop-in program enables her to make informal contact with a professional, even if she is not ready for formal treatment. If problems escalate, a referral to the appropriate agency can be made.

Just Say Know

Everyone involved—teenagers, parents, teachers, counselors—needs to take responsibility for learning about the physiological and sociological effects of drugs. This involves reading, using the Web for research and asking questions.

There are no easy answers when it comes to drugs. However, parents can find creative ways to open a dialogue, and listen, listen, listen. If we use natural openings, such as drug use in movies, television and music to talk and if we remain as non-judgmental as possible, teenagers will seek our guidance. If we become indignant and punitive, teenagers will stop talking to us. It's that simple.

When it comes to "the drug talk," many parents are uneasy about revealing their own experiences, perhaps fearing such admissions might open the door to their teens' experimentation. There is no one resolution to this difficult dilemma. But keep in mind that teenagers generally have a knack for seeing through evasions and half-truths, so honesty is usually the best policy in the long run.

Perhaps most important, teenagers need to trust that the important adults in their lives will provide help, if they need it. They need to know we will pick them up if they need transportation; that they can talk to us if they're frightened, depressed or ambivalent. Our greatest challenge is to listen and help without excessive admonishment, which will certainly drive our teenagers away.

A MOTHER'S ADVICE

While schools may have an important role to play in keeping our young people safe and educating them about drugs, as parents we need to find the appropriate words and opportunities to discuss these issues with our children. Here is what I said in an open letter to my son published by the *San Francisco Chronicle*:[39]

Dear Johnny,

This fall you will be entering high school, and like most American teenagers, you'll have to navigate drugs. As most parents, I would prefer that you not use drugs. However, I realize that despite my wishes, you might experiment.

I will not use scare tactics to deter you. Instead, having spent the past 25 years researching drug use, abuse and policy, I will tell you a little about what I have learned, hoping this will lead you to make wise choices. My only concern is your health and safety.

When people talk about "drugs," they are generally referring to illegal substances such as marijuana, cocaine, methamphetamine (speed), psychedelic drugs (LSD, Ecstasy, "Shrooms") and heroin. These are not the only drugs that make you high. Alcohol, cigarettes and many other substances (like glue) cause intoxication of some sort. The fact that one drug or another is illegal does not mean one is better or worse for you. All of them temporarily change the way you perceive things and the way you think.

Some people will tell you that drugs feel good, and that's why they use them. But drugs are not always fun. Cocaine and methamphetamine speed up your heart; LSD can make you feel disoriented; alcohol intoxication impairs driving; cigarette smoking leads to addiction and sometimes lung cancer; and people sometimes die suddenly from taking heroin. Marijuana does not often lead to physical dependence or overdose, but it does alter the way people think, behave and react.

I have tried to give you a short description of the drugs you might encounter. I choose not to try to scare you by distorting information because I want you to have confidence in what I tell you. Although I won't lie to you about their effects, there are many reasons for a person your age to not use drugs or alcohol. First, being high on marijuana or any other drug often interferes with normal life. It is difficult to retain information while high, so using it, especially daily, affects your ability to learn.

Second, if you think you might try marijuana, please wait until you are older. Adults with drug problems often started using at a very early age.

Finally, your father and I don't want you to get into trouble. Drug and alcohol use is illegal for you, and the consequences of being caught are huge. Here in the United States, the number of arrests for possession of marijuana has more than doubled in the past six years. Adults are serious about "zero tolerance." If caught, you could be arrested, expelled from school, barred from playing sports, lose your driver's license, denied a college loan, and/or rejected from college.

Despite my advice to abstain, you may one day choose to experiment. I will say again that this is not a good idea, but if you do, I urge you to learn as much as you can, and use common sense. There are many excellent books and references, including the Internet, that give you credible information about drugs. You can, of course, always talk to me. If I don't know the answers to your questions, I will try to help you find them.

If you are offered drugs, be cautious. Watch how people behave, but understand that everyone responds differently, even to the same substance. If you do decide to experiment, be sure you are surrounded by people you can count upon. Plan your transportation and under no circumstances drive or get into a car with anyone else who has been using alcohol or other drugs. Call us or any of our close friends any time, day or night, and we will pick you up, no questions asked and no consequences.

And please, Johnny, use moderation. It is impossible to know what is contained in illegal drugs because they are not regulated. The majority of fatal overdoses occur because young people do not know the strength of the drugs they consume, or how they combine with other drugs. Please do not participate in drinking contests, which have killed too many young people. Whereas marijuana by itself is not fatal, too much can cause you to become disoriented and sometimes paranoid. And of course, smoking can hurt your lungs, later in life and now.

Johnny, as your father and I have always told you about a range of activities (including sex), think about the consequences of your actions before you act. Drugs are no different. Be skeptical and most of all, be safe.

Love, Mom

RECOMMENDED READING

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ABOUT THE AUTHOR

Marsha Rosenbaum earned her PhD in medical sociology at the University of California at San Francisco in 1979, and was a National Institute on Drug Abuse grantee for eighteen years, completing studies of heroin addiction, crack cocaine, Ecstasy, and drug treatment.

She authored *Women on Heroin*, *Pursuit of Ecstasy: The MDMA Experience* (with Jerome Beck), *Pregnant Women on Drugs: Combating Stereotypes and Stigma* (with Sheigla Murphy), *Safety First: A Reality-Based Approach to Teens, Drugs, and Drug Education* and numerous scholarly articles about drug use, drug abuse, drug treatment and drug policy. In addition, the *San Francisco Chronicle*, *The Oakland Tribune*, *The San Diego Union- Tribune*, *Chicago Tribune*, *Los Angeles Times*, *USA Today*, *The Detroit News*, *Newsday*, and *La Opinión* have published her drug-related opinion pieces.

Dr. Rosenbaum is the mother of an 18-year-old son, 24-year-old daughter and two adult stepdaughters.

ENDNOTES

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